

**HUMAN RESOURCE SPECIALIST (HRSP)  
CONTACT INFORMATION REPORT  
BY GEOGRAPHIC AREA  
3/07**

**GEOGRAPHIC AREA:** \_\_\_\_\_

**GEOGRAPHIC AREA HRSP COORDINATOR:** \_\_\_\_\_

**GEOGRAPHIC AREA COORDINATOR EMAIL:** \_\_\_\_\_

**1. TOTAL NUMBER OF CONTACTS PER GEOGRAPHIC AREA:** \_\_\_\_\_

a) **Number of Civil Rights Contacts:** \_\_\_\_\_

b) **Number of Other Contacts:** \_\_\_\_\_

**2. NATURE OF CIVIL RIGHTS:**

CIVIL RIGHTS CONTACTS 1(A)							
		Indiv. Fed. Emp.	Agency Crew	AD Hire	AD Crew	Contr/Vendor/Prog	TOTAL
Basis of Discrimination:							
Race							
Color							
Sex/Gender*							
Sexual Harassment*							
National Origin							
Religion							
Disability/Mental							
Disability/Physical							
Age (40+ years)							
SUBTOTAL							
Sexual Orientation**							
Marital Status**							
Genetic Information**							
Family/Parental Status**							
SUBTOTAL							
TOTAL							

\* Sexual harassment is a form of sex discrimination.

\*\* These bases of discrimination are not covered by Title VI or VII law but may be covered by Executive Order and are processed by USDA under the EEO administrative process. Department decisions are not appealable outside USDA.

**3. NATURE OF CONTACTS – OTHER THAN CIVIL RIGHTS:** For each contact that required performance of research, conflict resolution, and/or recommendations to resolve problems, pick one area.

OTHER CONTACTS 1(B)						
	Contr/Vendor/Prog	Individual Fed. Employee	Agency Crew	AD Hire	AD Crew	TOTAL
<b>Basis of Contact:</b>						
Conflict/Lack of Mutual Respect						
Working Conditions						
CISM						
Hours of Duty						
Illegal Drugs						
Alcohol						
Prevention/Awareness Training						
Performance						
Security						
Pay						
Defusing/Personal Emergency						
Other (apply to categories listed above if possible)						
<b>TOTAL</b>						

**4. STATUS OF CONTACTS:**

	Civil Rights Contacts	Other Contacts		TOTAL
		CVP****	Employee*****	
<b>Status:</b>				
Contact Issues Resolved at Incident				
Contact Issues Referred to Sources Outside of Incident***				
<b>TOTAL</b>				

\*\*\*Indicate below (or on separate sheet) the type of Contact (i.e., Civil Rights, or Other), the number, and the subject matter of contacts referred to other sources outside of the incident for assistance:

\*\*\*\*Contr/Vendor/Prog

\*\*\*\*\*Individual Fed. Employee, Agency Crew, AD Hire, AD Crew

UNIT HRSP COORDINATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

REGIONAL F&AM DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

REGIONAL CIVIL RIGHTS DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

Submit copy to National HRSP Coordinator